Amendment Serial No. 09/880,207

JUN 2 1 2004 W

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

Bruls et al.

**SERIAL NO.:** 

09/880,207

EXAMINER: Rosario-Vasquez, Dennis.

FILED:

June 13, 2001

ART UNIT: 2621

FOR:

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**RECEIVED** 

JUN 2 5 2004

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Technology Center 2600

## AMENDMENT and RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action dated March 23, 2004, applicant respectfully requests the entry of the following amendments and reconsideration in view of the amendments and remarks made herein.

08/04/2004 SMOORE

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## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE **SMALL ENTITY** OR **TOTAL CLAIMS** 16 RATE FEE RATE FEE FOR BASIC FEE 355.00 BASIC FEE 710.00 NUMBER FILED NUMBER EXTRA OR **TOTAL CHARGEABLE CLAIMS** 0 16 minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = á X40 =X80 =ÖR MULTIPLE DEPENDENT CLAIM PRESENT +270= +135= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR 717 CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS ADDI-ADDI-**ENDMENT A** NUMBER REMAINING PRESENT TIONAL **TIONAL** RATE RATE **PREVIOUSLY AFTER** EXTRA FEE **AMENDMENT** PAID FOR FEE 0 Total Minus X\$18= X\$ 9= OR Independent Minus X80= 86.00 X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL 8600 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) HIGHEST **CLAIMS** ADDI-ADDIœ REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE AMENDMENT **PREVIOUSLY** AFTER **EXTRA** FEE FEE PAID FOR AMENDMENT Total Minus X\$18= X\$ 9= OR Independent Minus X40= X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270≈ +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-**AMENDMENT C** NUMBER REMAINING PRESENT TIONAL TIONAL RATE **PREVIOUSLY** RATE **AFTER EXTRA** FEE PAID FOR **AMENDMENT** FEE Total Minus X\$18= X\$ 9= OR Minus \*\*\* Independent X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE ADDIT, FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number